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ABSTRACT

Within the next 40 years, people age 65 and over will comprise 20% of the population, yet problems facing this older generation and their families are just coming to the attention of researchers and the public. Accordingly, this literature review focuses on the special needs of older adults and their families. After an introductory overview, the paper first reviews studies on adjustment to retirement, addressing issues such as cultural stereotypes, sex differences in adjustment, factors influencing survival rates, successful approaches to post-retirement job seeking, and marital well-being after retirement. The second part of the paper reviews research on social support networks among the elderly, including spouses, children, friends, and hired caregivers. The third section reviews studies of issues related to coping with the death of a spouse, role loss and other stressful transitions common to older adults. The fourth section addresses research on the availability and use of educational opportunities by the aged. The fifth section covers research on the correlates of life satisfaction among the elderly. These include educational level, health, income, marital satisfaction, and relationships with children. The final section reviews studies of leisure activities among older adults, including studies of what motivates older adults to pursue various kinds of leisure activities and the beneficial effects of such activities on life satisfaction. The paper concludes with a series of recommendations based on these findings for communities, families, and counseling professionals. Thirty-four references are included. (TE)

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SPECIAL PROBLEMS OF THE ELDERLY

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by

Kathleen V. Hull

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SPECIAL NEEDS OF THE ELDERLY

In 1965, 18 million Americans 65 years of age and older lived in the United States. Twenty years later, that number had increased to 28 million, more than the entire population of Canada (Horn & Meer, 1987). American society is changing and the number of older individuals is increasing daily. By the year 2030, people age 65 and over will comprise 20% of the population, an increase of 8% in just a little over 30 years. Americans 75 years of age and older are the fastest growing segment. Females in the 65 and over age group outnumber males in a ratio of 148 to 100, and 52% of these females are widowed. By age 75, 70% of the females are widowed (Glass & Grant, 1983). Due to this population increase of elders, problems facing this older generation and their families are just coming to the attention of researchers and the public.

An increasing number of adults are faced with a future of caring for aging parents. Presently, three generations comprise most family units, but the four generation family unit is looming in the near future. Each generation of elders is healthier and better educated. Today adults looking forward to their own retirement are finding themselves faced with the care of elderly parents at a time when life should be leisurely and less wrought with problems. Their special needs should be addressed to provide a means of understanding for all generations.

Individuals in the early retirement years have unique needs in such areas as retirement planning, educational opportunities, coping with loss of family members and friends, use of leisure time, and the importance of social support networks. Those in the more frail elderly group have special needs in such areas as grief and continued adjustment to loss of family members and friends, dependency on others, adjustment to institutionalization, and facing death. In all cases, the functional ability and vulnerability of the individual elder and significant others determines the exact needs which should be addressed (Glass & Grant, 1983). Each individual ages differently. Personnel dealing with older adults are faced with an educational process to help them deal with the unique problems of America's aging population.

The older adult, as well as family members, could benefit from an assessment of needs that addresses problems occurring in later years. Special needs such as the return of the female to the work force, return to educational facilities, relocation, housing, sexuality, widowhood, isolation, loneliness, retirement, illness, chronic diseases, loss, grief, career changes, financial problems, use of leisure time, the importance of social support networks, dependency, and facing death qualify for investigation. The focus of this paper was on the special needs of the older adult and their family. How do elders deal with the adjustment to retirement? Are

social support networks important to the welfare and independence of older adults? Are coping mechanisms important to the elder's ability to adjust to stressful life events? Are there factors that determine if older adults will seek educational opportunities? What factors contribute to the older adult's life satisfaction? Are leisure activities important to the elder's life satisfaction? The population addressed were those older independent Americans age 60 and older and their families or significant others.

In the American society of youth and work orientation, retirement is thought to be a major life crisis which affects males and females differently. Health has been a significant factor to the retiree's life satisfaction in nearly all gerontological studies. Social support networks help one to adjust to the world of retirement and are important to the coping abilities of many elders. Educational pursuits and meaningful leisure activities factor into the life satisfaction of the older population. The increasing growth of the senior citizen population demands that factors affecting the lives of so many be addressed to help in promoting life satisfaction and identifying elders in need of assistance. Recognition of possible problem areas enlightens the public to areas of need and helps to verify the need for additional services to serve the elder population.

REVIEW OF LITERATURE

RETIREMENT

The older adult population grows daily and their needs must be identified and dealt with in order to help them gain satisfaction with life. Not all older adults, even those in the same age group, have exactly similiar needs. Each person or family must have needs addressed on a personal basis. One of the needs most common to all individuals is the adjustment to retirement.

Retirement touches the lives of nearly every individual. Many view this period of life as a major crisis, and the majority experience retirement as a major transition. Families and friends of retirees may also view the experience as a major transition. Hornstein & Wapner (1985) believed American society's cultural value depended on employment of the individual citizen. Social status and self-identity are defined by an occupation. Retirement is a critical transition in life with changes in the individual's place in society, financial status, living accomodations, family and friend relationships, and sense of personal importance and value.

Retirement is often viewed as an end instead of a beginning because American society devalues and stereotypes the aged. Hornstein & Wapner (1985) studied 24 individual volunteers, from a variety of occupations, to determine if the cultural stereotypes about retirement were actually held by most individuals. The ultimate goal

was to determine the diverse ways retirement affected various individuals. Four general modes of experiencing retirement were identified. The Transition to Old Age group included individuals who perceived retirement as an event of special significance. Activities decreased, reflection upon past events increased, and retirement was accepted as the end of work. These individuals actually saw retirement as a transition to the last stage of life. Planning for a future ceased; time was used to place one's life in order and prepare psychologically for old age. The work world was seen as a pressure situation and retirement seen as a time for slowing down and enjoying the things work prevented in the past.

The second group in the Hornstein & Wapner study was the New Beginning group. These individuals looked at retirement as a time to do what they desired, when they desired. The future held exciting things to do and an opportunity to accomplish what one had always dreamed. Rather than a time to prepare for old age, this group viewed retirement as a major significant event and a time of revitalization.

The third group was the Continuation group. Retirement was viewed as a time to gain satisfaction from continuing with valued activities without past pressures. Some filled their hours with another job, but that job was performed according to individual desires. Life continued as before but at a pace determined by the individual.

Retirement was not considered a significant event but a time of activity not associated with the pressure of pre-retired work.

The fourth and final group in the Hornstein & Wapner study was the Imposed Disruption group. Retirement was felt as a loss of a valued activity and a major significant event. Attempts to replace work with other activities were always done with a sense of frustration because of the inability to fill the void left in life. Retirement was felt to be imposed upon the individual and not of their choosing.

Several points and recommendations were made as a result of the differences in how individuals adapted to retirement. Pre-retirement planning programs occurred too late for participants to gain any benefits from the information presented. The only thing gained was frustration. Future pre-retired individuals could be grouped into one of the four general modes of retirement experience to make pre-retirement programs more individually oriented. Pre-retirement programs should involve the individual's social network of family and friends for a successful transition to retired life. Inclusion of family and friends could mean the difference between a successful transition or problems with adjustment to retirement (Hornstein & Wapner, 1985).

Retirement, considered a critical event in the past, is now felt to be a normal life event. Matthews & Brown

(1987) conducted a study to determine under what conditions and circumstances male and female individuals viewed retirement as a crisis or a major transition in life. The sample population consisted of persons retired between one and five years. To gauge the effect of retirement on males and females, measures of morale, life satisfaction, and crisis assessment were used. The results showed that females who wanted to retire were satisfied with retirement. For those forced to retire, often to be a caregiver for a spouse, retirement was viewed as a critical event. Males often viewed retirement as a critical event because of the role loss factor. One-third of female participants were widowed and felt retirement, in contrast to death of a spouse, was not a significant event. Matthews & Brown (1987) decided that retirement was not the critical life event reported in other studies.

Adjustment to retirement for the female employee has not been addressed extensively. By 1970 more than 50% of the female American population had earned Social Security benefits on their own merits. Two thirds of the middle age female population now earn their own Social Security benefits. A group of 55 volunteer pre-retired and retired females were studied to determine if their anticipation of retirement differed from the reality of retired life. The pre-retired were found to underestimate their social activities following retirement and the retired female had

more positive feelings about retirement than the pre-retired. Retirement was found to have little effect on the morale, adjustment, or self esteem of the female retiree. The mechanism responsible for this ability to adjust to retirement was not studied. The participants indicated the factors essential for a successful retirement were activity, money, and health (Gigy, 1985-86).

Health could have been a significant factor in the study conducted by Holloway & Youngblood (1985) concerning survival rates following retirement. They found that retirees fell into two distinct groups; those who lived 6 to 10 years after retirement and those who lived 16 to 24 years. Individuals were identified according to a large petroleum industry's study of survival rates after retirement. Factors such as age, sex, type of job, and job location were controlled. No determination was made of such characteristics as pre-retirement attitude, health status and practices, socioeconomic factors, and numerous other factors which could have contributed to survival rate figures. Personnel retired from work in chemicals and research and development jobs lived fewer years beyond retirement. Males lived about two years less than females. The adjustment process of those living longer following retirement was thought to be different from those who survived fewer years.

Colsher, Dorfman & Wallace (1988) specifically

addressed health status at retirement. Three groups were studied. Group I had major medical conditions such as cancer, diabetes, or heart conditions. Group II had diseases such as cataracts, asthma, etc. and group III had minor conditions such as foot problems. Many people retired because of health problems found in group I. These subjects had decreased mood, memory problems, and poor physical function and self-perceived health status. The authors were unable to determine if health conditions were actually the cause for retirement or just the excuse needed to retire. Prevention programs, involving health professionals, were thought to be the key to decreasing health-related retirements.

Braddy & Gray (1987) looked at the retiree as a healthy and more active individual who often sought work beyond retirement. Many retirees pursue part-time employment. Job placement counseling can be of assistance in preventing the individual from becoming discouraged in the search for a job to meet their needs. Most job counselors are overworked and ineffective in assisting senior citizens with job placement. This study compared the two job finding approaches entitled Job Club and Job Seekers. The Job Club was a two hour session held twice a week to discuss job seeking skills and provide group support and encouragement. The Job Seekers approach was one in which the individual was given a manual, similar to that used by the Job Club members, and encouraged to

utilize community job information and referral services. The Job Club participants fared the best and obtained jobs comparable to those desired. The social and emotional support provided within the group setting was thought to have been the key to success (Braddy & Gray, 1987).

Stull (1988) studied husbands and wives well-being and happiness pre and post-retirement. This researcher hoped that the inclusion of information on the spouse would increase the ability to predict the happiness of the retiree. For husbands, the factors related to happiness were income, their own health, and the wife's happiness. For the wives, the factors related to happiness were health and the husband's happiness. The general conclusion of this study was that if a couple were happy before retirement, they were most likely to be happy following retirement.

SOCIAL SUPPORT NETWORKS

Emotional support and integration (the amount of support provided others) were the only two variables found by Krause (1987) significantly related to a change in feelings of control over the events in life. The Krause study indicated that individuals reach a threshold of support. Once that threshold is reached, any further support or assistance only tends to decrease the elder's feelings of control. Too much social support can be a detriment. Independence is a central issue for the older population. Social support networks may well be the key

to maintaining that independence. If an individual felt he had control over his life events then he was able to successfully cope with the stresses encountered to maintain independence.

According to Antonucci & Akiyama (1987), social support networks not only sustain independent living but can be a contributing factor in the health and care of an older adult. This study utilized the concept that three concentric circles surround an individual. Each circle represented a different level of closeness with the inner circle being those individuals described by respondents as closest in relationship. The inner circle was found to consist of more direct family members who were in more frequent contact with the elder. The size of the network within the circles showed no significant difference for any of the three elder age groups used in the study.

More females were in the network of all respondents which could have been due to the fact that females were more likely to provide assistance and added support to an elder. Inner circle members were younger and generally lived closer to the elder than those in the outer circle. Inner circle members were seen more frequently and were in at least weekly contact. The support of the older adult could have important implications for those dealing with the elderly on a daily basis (Antonucci & Akiyama, 1987).

Older adults requiring assistance to carry out activities of daily living usually identified the spouse

as the main means of support. For those elders not married or widowed, daughters or any family member other than the son were identified as the support system. Along with these facts, Stoller & Earl (1983) identified the four categories of assistance for elders as no assistance required, an informal network, a formal network, and a mixed network. They found that 94% of the respondents fell within the first two categories of assistance and 40% identified a need for assistance with heavy chore activities. Friends and neighbors of the informal network were relied upon only 7.8% of the time. However, the unmarried or widowed were most likely to rely on friends and neighbors especially if they had resided in the neighborhood a number of years. The majority of respondents indicated they needed no assistance or required the assistance of only one helper. Formal networks of hired assistance were rarely utilized and only considered essential to keep an individual from institutionalization. The main concern of respondents was to remain self sufficient for as long as possible. As an elder's capacity to care for himself decreased, the number of caregivers increased.

The size of the helping network and the frequency of contact with network individuals was described by Cutrona (1986). Elders perceived better social well being as their network size and frequency of contact increased. Often the presence of a spouse was the main determinant of

frequency of contact. Relatives contributed to the elders social well being in the areas of guidance, attachment, nurturance, and reliable alliances. Non-relatives were associated with social integration and reassurance of worth. These divisions of perceived association point to the importance of the ability of one relationship to provide a particular need over that of another relationship.

Senior citizens live longer today, are increasingly mobile, and have smaller families than the generation previous. Kivett & Atkinson (1984) studied the role of children as a support network in elder's lives. Groups were formed according to the number of children in a family. Assistance for all groups was low with help given only during times of emergencies or for such tasks as transportation. This finding may be due to the fact that 90% of the daughters in the study were employed and had their own family responsibilities. No matter the number of children, parents declared they would call upon any child with equal frequency should a crisis occur. This study, however, supports previous findings that the female child provides more assistance than the male. The amount of assistance expected by the elder seemed to be unrelated to the number of children in the family. Are there other factors influencing children's assistance to parents?

Cicirelli (1983) studied adult children with living mothers of 60 years of age and older. Dependency, filial

obligation, and strong feelings of attachment led to an increase in attachment behaviors of the children toward their parents. Interpersonal conflict and negative feelings toward parents had only a minor influence on helping behavior. Most adult children assisted their parents, but those with a stronger attachment played a greater role in helping. Daughters tended to assist their parents more than sons. Household tasks especially in the area of food preparation and tasks concerned with personal care were performed mainly by daughters. Sons tended to assist more with financial matters or business concerns. Competing demands on both sexes inhibited the number of hours assistance was provided. Employment of the son saw a decrease in the number of hours available to parents but employment of the daughter saw no decrease in responsibility. Rarely was a daughter-in-law named by a respondent as a helper. Responsibility fell mainly upon the daughter (Stoller, 1983).

The burden of daughters with older parents may be lessened if the elder had other ties. Goudy & Goudeau (1981) studied factors which they believed affected the life satisfaction of elders. Family relationships, friendship ties, community involvement, and social bonds within the community were studied. Friendship ties were found to be the main factor in life satisfaction. Community involvement was also found to be a significant factor but family relationships were only weakly related

to life satisfaction. Ties, other than those of the family, should be considered when looking at the elders supportive social network.

COPING

Coping with the death of a spouse is a very stressful time in an elder's life. Anderson (1984) studied widowhood by examining the primary (very close) ties and confident (more intimate) ties of females who had lost their husband. One in five of the widowed said they did not have a single close living relative. Only 32 of the 132 respondents indicated three or more primary ties. Sisters were more often cited as primary ties than sons or daughters probably because of the age similarities and comfort felt with a sibling. Once widowed, the women turned most often to adult children and siblings for personal problems or confidence ties.

Johnson, Lund, and Dimond (1986) conducted a study of 192 widowers. Interviews were conducted within the first three weeks of the spouse's loss, at six months, and again in one year. If the elder was an effective copier, he remained so over the one year period. If the elder had high esteem, it was maintained. If the death was perceived as stressful, that stress persisted over the one year period. Stress that decreased after the death but was not dealt with properly, reappeared, and had negative effects on self-esteem and coping ability one year later. Feelings of stress occurring after the death of a spouse

need to be detected and dealt with over an extended period of time to preserve the elder's coping abilities and self-esteem. Death of a spouse is only one stressful event requiring coping skills.

Role loss is another stressful event encountered by elders. Elwell & Maltbie-Crannell (1982) conducted a study on role loss and the elderly. They found that role loss occurred more in lower educated elders and in Black males and females. The female coped with role loss by an increase in informal socialization but the male coped best if financially secure. Age negatively effected the subjective health of the female but education had a positive effect. The male's subjective health was negatively effected by role loss and positively effected by education.

Blanchard-Fields & Robinson (1987) found older adults more external in their control of stressful events. Females internalized the cause of stressful events more than the male. An increased amount of self-blame was seen in the older adults due to this internalization or tendency to blame stressful events upon themselves. Do older adults cope with stress differently than other age groups?

Irion & Blanchard-Fields (1987) found the older adult used fewer immature strategies to cope with either threatening or challenging stressful situations. Every age group studied, from adolescents to elders, indicated

the use of more instrumental mechanisms to handle challenging situations and more emotional mechanisms to handle threatening situations. Elders differed most from the adolescent group in their ability to use planned problem solving techniques and self control for both situations.

EDUCATION

The present older generation has more educational opportunities available to them than any previous generation but they fail to take advantage of the opportunities. Since the older generation has fewer years of schooling than younger generations, this is an even sadder fact. To determine the reasons older adults participated in educational events, Heisel, Anderson, & Darkenwald (1981) studied 510 older learners. Those who had college degrees or had finished high school were the greatest participants. The younger group, age 60-64, enrolled more in technical, vocational, or professional credit courses. The older group, age 70 and above, participated more in civic and community type service courses. Of the total participants, 43% stated their reason for taking a course was for personal interest. The oldest group and those with less education were the individuals least likely to enroll in any education course.

Dellman-Jenkins, Papalia-Finlay, & Hennon (1984-85) studied the factors influencing the older adults decision

to attend college. Respondents were all females between the ages of sixty and eighty-two years of age. The majority had already attained a Bachelor of Science degree or higher. They all expressed enjoyment in a learning environment of mixed classes of young and old. An interest was expressed in a class format geared to the subject matter. Respondents were positively influenced to take a course if a relative or friend also attended. This study pointed out the fact that university exposure, as a young adult, probably increased the chances of an older adult utilizing a university setting to take further education courses. Those elders without university exposure may be reluctant to attend classes in strange surroundings.

An educational offering conducted in familiar surroundings and close to the home would be an event most likely to be attended by senior citizens. Of all sites in the community, the university setting was the least likely place an elder would go to attend an event. For many respondents in the Price & Lyon (1982) study, other factors which inhibited their attending educational events were cost, transportation problems, lack of knowledge of the event, poor health, and no one to accompany them as a companion.

LIFE SATISFACTION

Life satisfaction was significantly correlated with an elder's education in the Dillard, Campbell, & Chisolm

(1984) study. Health, satisfactory income, and marital status were also contributors to an elder's life satisfaction. Results of this study may indicate that aging has less of an impact on life satisfaction than previously believed.

Mc Carthy (1985) measured life satisfaction of older adults by measuring the categories of health, life work, belief, service, relationships, and growth. Respondents rated themselves and also a partner who had participated with them in an Elderhostel event. Of the 30 respondents, 24 rated relationships or health as the self's and their partner's number one factor in life satisfaction.

Lee & Ishii-Kuntz (1987) conducted a study using mailed questionnaires concerned with the emotional well being or life satisfaction/morale of older persons. The purpose of the study was to make a comparison of the effects interaction with children/grandchildren had versus that of friends on the morale of the elderly. The measurement used was self-perceived loneliness. The authors admitted the study was not representative of minorities or the lower socioeconomic elderly.

The more education, income, and better health the elderly had, the less lonely and the higher their morale. Those who interacted with friends, were married, and participated in volunteer associations had higher morale. Interaction with adult children/grandchildren only effected loneliness and had no effect on morale/life

satisfaction. Interaction with friends had a positive effect on morale probably because a person chose and was chosen by friends making the relationship psychologically rewarding. Interaction with neighbors had a positive effect on males but no effect on females. Such interactions may be seen by females as a duty or obligation whereas the male sees interaction with neighbors as friendship.

A study by Chappell & Badger (1989) found that the social isolation indicators most indicative of lowered psychological well-being or life satisfaction were not having companions and confidants. Those least satisfied with life were those elders living with others but having no companions. The next least satisfied were those who were unmarried, living alone and without companions. Social isolation and psychological well-being are often measured by such factors as living alone or having no children. This study found that the marital status, living arrangements or having children had no relation to the elder's well-being. Companions or confidants may provide more satisfying relationships than a spouse or children. The elder at risk for psychological problems is the one who has no confidant or companion. Living with someone does not necessarily mean an elder should be placed in a lower risk group.

LEISURE

According to Ragheb & Griffith (1982), leisure

satisfaction contributed more to life satisfaction than just leisure participation. This study recommended that those working with elders needed to explore a full range of leisure activities and place more emphasis on leisure satisfaction. In a related study, Romsa, Bondy, & Blenman (1985) determined that leisure activities improved life satisfaction by fulfilling personal needs. The number and type of activities were found to be more significant than how frequently one participated.

Leisure activities of the older adult female were considered in the study by Riddick & Daniel (1984). Leisure activity was the strongest indicator of life satisfaction. Income indirectly affected ability to participate and was therefore a strong factor in the respondent's life satisfaction. Recreational activities in communities need to meet the needs of elders. The young need to be introduced to the importance of leisure activities early in life to effectively meet their needs as elders.

Senior citizens have more potential time for leisure activities than any other group of adults. Mobily, et al. (1984) conducted a study on the size of the older adult's repertoire of leisure activities. The leisure repertoire score was based on participation and this may have accounted for age proving to have a detrimental effect on the repertoire size. Respondents tended to have a smaller repertoire in physical exertion activities if they

perceived their health negatively. The female was found to have a slightly larger repertoire than the male. The larger the leisure repertoire, the better was the individual's life satisfaction.

Communities and personnel working with elders need to establish the motivation behind leisure activities. Beard & Ragheb (1983) developed an instrument for measuring leisure motivation. Most activities of the study's mixed age group fell under one of four categories. The Intellectual category included mental activities such as playing chess. The Stimulus-Avoidance category included relaxation activities. The Social category covered those activities that met friendship and esteem needs and the Health and Fitness category included competence-mastery activities. The use of this scale could help people dealing with elders or any age group to determine what motivates an individual to pursue certain leisure activities.

CONCLUSIONS & RECOMMENDATIONS

As the population ages, special needs unique to that group require identification. Older adults and families need an understanding of the aging process, the role changes encountered with aging, as well as knowledge of the special problems of the aging. The emphasis should be on assisting the older adult to maintain independence and to view life as a challenge. As the elder population grows, demands increase for having their needs met. A continuum of community services are necessary to meet these elder's special needs.

Communities and families face a future where the older population is the fastest growing segment of American society. This ever increasing elder census means a future where more elderly will be seen in family settings and in many cases dependent on society for their care. Counseling professionals could assist the older adult and their family or significant others to deal successfully with the many daily problems. Counselors need to be properly trained in the aging process and the special needs of the elder population.

Counseling services could be utilized to assist all working individuals to prepare for the future through pre-retirement preparation. Retirement needs must be addressed early in a career and plans carefully laid for the future. If individuals were assessed and placed in the Transition to Old Age, New Beginning, Continuation, or

Imposed Disruption group then counseling could be individualized. Activity, money, and health have been identified as keys to a successful retirement. Pre-retirement counseling, conducted at least ten years prior to retirement, could benefit individuals in their planning of leisure, second career activities, savings and investment programs, and preventative health measures. The social network of family and friends must be included in the pre-retirement program to help the prospective retiree adjust successfully.

Health care professionals could be involved with counselors in pre-retirement programs to assist individuals to make educated decisions regarding retirement and their health. To improve the retirees quality of life, health intervention is a key factor to such improvement.

The social support network of the older adult is vital to maintain independent living which is a major source of life satisfaction. Counselors could assist families and elders to identify their social support network and to assess their needs for daily assistance. The importance of support from siblings, friends, and neighbors should be assessed to complete the picture of social support for elders. The counselor's knowledge of community services could be used to assist the elder maintain his independence.

Family members caring for older adults could benefit

greatly from counseling services. Since daughters seem to provide the majority of care, they could benefit from the identification and utilization of respite services to relieve their burden. Support groups for caregivers could benefit daughters and other family members. Support groups could concentrate on communication skills, health promotion for the entire family, theories of aging, disorders of aging, both mental and physical, and coping with stress. Knowledge in these areas could arm the caregivers with needed skills to successfully meet the elder's as well as their own needs.

The coping measures of the elder should be assessed to determine the impact of stress on the individual. Stressful events are perceived differently and need to be dealt with on an individual basis. Role loss and death of loved ones and friends are especially stressful events for elders. Counselors should be aware of these needs and realize that the stress of role loss affects the lower educated Black population the greatest. Knowledge of minorities, the less educated, and various socioeconomic groups is imperative to assist those elders in need of assistance with coping skills.

The teaching of coping skills and the detection and handling of stress following the death of a spouse or significant other, falls within the repertoire of a counselor. Grief counseling could be of benefit to the

older adult and his family to help them to feel a satisfaction with life even after loss of a loved one.

Educational needs of the elderly require identification. Elders must be dealt with in a familiar and safe setting such as senior centers and churches. Future generations may feel more confident in educational settings due to their exposure to universities and colleges. The present generation of elders lack this confidence. Educational counselors need to be aware of the barriers that prevent the elder from participation in educational events.

Individual counseling on educational goals and needs could be offered to elders at senior centers or churches. Counselors and community education planners should attempt to identify and reach elder individuals in the greatest need of educational offerings. University officials could consider opening their doors for an older adult education open house. Transportation could be provided from senior centers.

If life is to be viewed as a challenge, life must be satisfying. Many factors contribute to an elder's life satisfaction. Health, income, education, marital status, participation in volunteer associations, and friends have all been found to contribute to morale or life satisfaction. Elders without confidants and companions have been found to have decreased morale. Counselors and personnel working with elders should be aware that the

fact that an elder lives alone does not necessarily indicate a lowered psychological well being. Companions and confidants are extremely important and those without such support should be considered at risk for lowered morale. Gerontological counseling could meet the special needs of the elderly and help to improve life satisfaction.

The importance of leisure activities should be emphasized and taught beginning in grade school and continued throughout the school years. School counselors and community recreation personnel should take every opportunity to teach the importance of satisfaction in leisure activities to life satisfaction. Income limitations need to be considered and activities geared to the needs and abilities of elder individuals. Communities should offer a variety of leisure activities and programs to meet the needs of the senior citizen.

Counseling of the aged or Gerontological Counseling is in its infancy. As the elder population grows, counselors will be forced to allocate an increasing amount of their time for the elderly and their families. Training in the special needs of the elderly would enhance a counselor's knowledge and skills and contribute to client satisfaction.

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